



IOWA CAPITOL COMPLEX ACCESS APPLICATION REQUEST



1. ☐ New Employee 2. ☐ Delete Employee 3. ☐ Change of Access 4. ☐ Delete Vehicle
5. ☐ New Decal 6. ☐ Defective Badge 7. ☐ Lost Badge 8. ☐ Updated Info
9. ☐ Transfer Dept. 10. ☐ Temporary Employee (30 days or less) 11. ☐ ID Only
12. ☐ Other:

13. <input type="text"/>	14. <input type="text"/>	15. <input type="text"/>
FIRST NAME	MIDDLE NAME	LAST NAME
16. <input type="text"/>	17. <input type="text"/>	18. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SS NUMBER/DL NUMBER	DATE OF BIRTH	
19. <input type="text"/>	20. <input type="text"/>	21. <input type="text"/>
DEPARTMENT	DIVISION	BUILDING
22. <input type="text"/>	23. <input type="text"/>	24. <input type="text"/>
JOB TITLE	OFFICE PHONE	SUPERVISOR'S NAME

VEHICLE INFORMATION

25. Check Action	26. Plate #	27. Make	28. Model	29. Year	30. Color	Decal #	Decal Color
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							

BUILDING	LEVEL(S)	AN EXPLANATION IS REQUIRED IF THE ACCESS REQUESTED IS OTHER THAN 7AM – 5 PM.
<input type="checkbox"/> CEP/MAINT <input type="checkbox"/> GRIMES <input type="checkbox"/> JUDICIAL <input type="checkbox"/> HOOVER <input type="checkbox"/> IWD <input type="checkbox"/> LUCAS <input type="checkbox"/> MILLER <input type="checkbox"/> HISTORICAL <input type="checkbox"/> PARKER <input type="checkbox"/> WALLACE <input type="checkbox"/> OFF COMPLEX <input type="checkbox"/> ALL		
CAPITOL ACCESS	HOURS AVAILABLE	EXPLANATION IS REQUIRED FOR ACCESS TO CAPITOL
<input type="checkbox"/> EXTERIOR DOORS <input type="checkbox"/> SENATE ELEVATOR <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> GOVERNOR'S OFFICE <input type="checkbox"/> LOT 13 <input type="checkbox"/> OTHER:	<input type="checkbox"/> 5a-6p M-F <input type="checkbox"/> 6a-6p M-F <input type="checkbox"/> 6a-12a M-F <input type="checkbox"/> 6a-6p 7 days <input type="checkbox"/> 24/7	

SUPERVISOR'S SIGNATURE

OFFICE PHONE

ACCESS COORDINATOR'S SIGNATURE

OFFICE PHONE

DATE

POST 16 USE ONLY

EMPLOYEE #: _____

EXTERNAL #: _____

INTERNAL #: _____